POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1/9		07-31-01
O.I.P.E. CLASSIFIER		8	8-9-01
FORMALITY REVIEW	M.H.	62-5	10-20.00
RESPONSE FORMALITY REVIEW	[11-4		

BEST AVAILABLE COPY **INDEX OF CLAIMS** Rejected N Non-elected Allowed Interference (Through numeral)... Canceled A Appeal O Objected Restricted Claim Date Date Claim Claim Date Original Original Final Final 3/2

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

